Utilization Review Desktop Reference- Table of Contents

Role of the Utilization Review Lead

The general role of the Utilization Review Lead is to make sure that the Individual Support Plans (ISP's) are ready to be presented to the Utilization Review Committee (URC), and then to let the Regional Director know what the recommendation of the URC was. They accomplish this goal by:

- Reviewing the plans received from Support Coordinators and Targeted Case Managers, for each element associated with the plan, including the description of the service, the justification for the service, the recommendation of the provider(s), and the plan's budget before they are presented to the UR Committee.

- Having a comprehensive knowledge what kinds of services can be accessed, and how to access them.
  - They understand the regulations involved with use of State, County, and Federal tax money, and can explain this information to others.
  - UR Leads review budgets for accuracy and relevance to requested services and identified needs, and help the Support Coordinator or Targeted Case Manager to make adjustments when needed.
  - They use this understanding to examine the proposed plan and to head off any problems before they get to the Utilization Review Committee.
  - They provide suggestions to the Support Coordinators or Targeted Case Managers for fixing potential problems.

- Presenting Individual Support Plans to the UR Committee
  - When there are other staff members who can help review the proposed plan discussions, such as Behavior Resource Team leads or Autism Coordinators, the UR Lead invites them to the Committee meetings.
  - On the other hand, UR Leads make sure that individual's privacy rights are respected, and limit those in the UR Committee to people who really need to be there.

- Reviewing Priority of Need scores and to maintaining service wait lists.
  - This makes sure that the Division of Developmental Disability complies with the law that says we provide services to those with the greatest need first.

- Presenting the recommendation of the URC to the Regional Director.
    - The Regional Director is in charge of approving services that require the use of State and Federal money and programs, and they rely on the opinion of the UR Lead and the UR Committee in making those decisions.

UTILIZATION REVIEW COMMITTEE REVIEW IS NEEDED IF THE PLAN INCLUDES:

- Requests for an initial service to be funded (PA, Day Service, Respite, Employment, etc.).
- Requests for a service that would result in placement on a Wait List
- Requests for an Autism Project Service (including Shared Unit plans)
- ISL budget increases to the Waiver or Gen Rev
- A request for Continued Temporary Service funding
- Budgets over the cap and requiring an exception

UTILIZATION REVIEW COMMITTEE REVIEW IS NOT NEEDED IF:

- The plan is requesting only Regional Office team resources (Service Coordination, BRT, Employment Coordinator, etc.)
- The plan includes only natural supports
- Services are funded by another Division (DHSS, Voc. Rehab, BSHCN, etc.)
- There is a change in service providers resulting in no change to the budget cost
- There is a budget increase only due to contractual rate adjustment
- Room/Board increases –ISL-within the individual's means
- The plan reflects ongoing services with no changes from the previous plan (Unless the plan exceeds the cap limits).
- It is a Partnership for Hope plan

UR Process
8/2015

UR Process Flowchart, after submission of ISP for review

If the individual is NOT ALREADY IN THE REQUESTED WAIVER

- SC implements process to verify eligibility for waiver if requesting waiver services that are to be authorized or wait listed.
- I/A staff review the waiver eligibility request

After Waiver Eligibility is established,

SC must submit the following documents to UR Chair at least 1 month prior to planned start (or renewal) of services:

- PON (if not currently enrolled in the specific waiver)
- ISP (Specific outcomes and justification included)
- ISL budget & Staffing Pattern (when appropriate)
- Usage of service being increased or changed, with explanation
- Natural Home Budget and Budget Authorization for services
- If Amended Plan, include additional justification/explanation

If UR Chair reviews packet and finds that the information is incomplete, packet will be returned to the SC for correction without further review. UR timelines do not apply to incomplete packets.

When a complete packet is received:

UR Chair presents the complete packet to UR Committee within 6 days of receipt.
UR Committee reviews all documents in accordance with the UR Checklist, and determines:

- if the plan reflects a Want or a Need
- if the Division can fund the request
- if Service Need should be placed on the Waiting List

UR Committee then makes a recommendation for Approval, Denial or Amendment of the ISP

Within 6 business days, the UR Chair completes the Recommendation Form and forwards the packet to the RO Director for the final decision, who has 5 business days to make the decision.

If Approved	If Recommended for Amendment	If Denied
UR Chair notified SC and Provider of decision. SC informs individual/guardian UR Chair confirms approval by letter to individual/guardian New/Increased services entered into wait list by UR Chair After assignment of Waiver Slot, or approval for alternate funding, services are authorized through the Auth System in CIMOR	UR Notified SC of decision SC has 10 days to amend the plan and resubmit to the UR Chair If amended as recommended, the plan is forwarded directly from UR chair to RO Director: Process then continues as if Approved	UR Chair returns all documents to SC with recommendation SC informs individual/ guardian, UR Chair mails recommendation form and denial letter to individual/ guardian UR chair sends recommendation to provider SC can make changes and resubmit within 10 days Individual/guardian may appeal within 30 days

PERSONAL ASSISTANCE

Service Definition:	Waver Code:	Non-Waiver Code:	Unit:
Personal Assistance	T1019	490003H	15 minutes
Personal Assistance-group	T1019 HQ	49001S (2-3), 49002S (4-6)	15 minutes
Personal Assistance-Medical/Behavioral	T1019 TG	49002H	15 minutes

GENERAL SERVICE DESCRIPTION: Personal Assistance Services involve assistance with a basic activity of daily living which cannot be met through natural supports. These include:

- Bathing
- Toileting
- Transfer And Ambulation
- Skin Care And Grooming
- Dressing
- Extension Of Therapies And Exercises
- Care Of Specialized Medical Equipment
- Meal Preparation And Feeding
- Incidental Household Cleaning
- Laundry
- Shopping
- Banking
- Social Interactions
- Recreation /Leisure Activities.
- Minor problem solving necessary to achieve increased independence,
- Productivity
- Community Inclusion

Any plan requesting Personal Assistant Services must address the following questions:	
☐	What specific supports are needed to assist with activities of daily living?
☐	Why are these supports needed?
☐	When are the supports needed? (How frequently)?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	What PA services have been accessed first through straight Medicaid? Has the maximum been accessed and, if not, why?

☐	Does the plan document the need for PA that is above and beyond the cost and provision of support ordinarily provided by parents of children without disabilities
☐	How does the plan ensure that PA is not used for the general support of the home?
☐	Does the plan document teaching strategies specific to outcomes so services can be faded when appropriate?
☐	**If Medical PA---** Has the team identified that the individual's level of care requires the supports of a licensed medical professional or training, delegation and supervision by a licensed medical professional. ***The prescription by the physician or advanced practice nurse must be on file to document the need for this service.***
☐	**If Behavioral PA---**Has the team identified efforts to maximize the individual's ability to communicate with others?
☐	Has the team documented the implementation of preventative strategies and outcomes for those strategies?
☐	Has the team documented the need to pursue more intensive behavioral support strategies in the ISP?
☐	Has an initial screening for medical, psychiatric or pharmacological causes been completed?

Community Specialist

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Community Specialist	T1016	52000H	15 minutes

GENERAL SERVICE DESCRIPTION: Community Specialist services are used when specialized supports are needed to assist the individual in achieving outcomes in the ISP. Community Specialist supports includes:

- Professional Observation and assessment
- Individualized program design and implementation
- Consultation with team members
- Advocacy
- Assistance with locating and accessing services
- Design and implementation of specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational services.

Any plan requesting Community Specialist must address the following questions:	
☐	What are the specific specialized supports that are needed?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Does the plan document teaching strategies and outcomes that would enable the individual to become more independent and support fading as appropriate?

Behavioral Services

In accordance with MMAC audit findings, the following process must be followed:

1. All BRT referrals will have an addendum or ISP that will go through UR, like any other waiver service.
2. Crisis Intervention must be authorized as a time limited service (no more than 8 weeks). While those eight weeks might span portions of three months and be authorized accordingly, the actual service will be provided for no longer than 8 weeks.
3. The ISP budget will include the BRT service at 0 cost. The budget then can be used as an authorization form for those Regions that use the form for both budget and authorization.

Please note: Crisis Intervention (S9484 HM) is the only service BITs are able to bill on. BRTs, however, can bill on Person Centered Strategies Consultation (H0004HK).

10 Questions and Answers to Help You Understand Behavioral Services

1. What applied behavior analysis services, behavioral services or behavior therapy services are available?

The Following are the Behavior Analysis Services in the various Medicaid Waivers- all behavior analysis services must be provided by licensed professionals

Functional Behavior Assessment (FBA) - H0002 (HI, U1 or HX waiver modifiers) unit = 1 completed FBA and report

This is the only way to fund a behavioral assessment. Assessments should not be funded through the other behavioral service categories.

- A FBA is necessary for other services to be used.
- FBA valid for at least 2 years unless there has been some significant change in the situation or behaviors, or there is reason to believe the prior FBA is invalid. So, if there has been a change of service providers it is not necessary to have new FBA, in most cases.
- Must result in a written document that evaluates if behavioral services are necessary or appropriate, explains the probable functions of the behavior with identification of situations that make it worse and/or have kept the behavior happening, what needs to occur to change the behavior, recommendations for likely effective strategies (not specifically described for implementation as in a behavior support plan) and likely duration and intensity of the service

Behavior Intervention Specialist - H2019 (HI, U1 waiver modifiers) max units 48 per day

- Bachelor's level licensed professional- Licensed assistant Behavior Analyst (LaBA)
- Must practice with a minimal level of supervision of licensed behavior analyst (if not part of individual served cost plan, this professional must arrange his/her supervision privately, we do not have to have supervision on cost plan unless the individual served needs the additional level of expertise)
- There are fewer than 30 of these professionals in the state, and not many are DD providers
- Might be authorized in conjunction with the Senior Behavior Consultant or Person Centered Strategies Consultation services
- Includes developing a behavior support plan (in collaboration with the ISP team) written by the behavioral services professional for complete inclusion as an addendum or section of the ISP)- may be co-authored with the Senior consultant if both services have been secured for an individual

Senior Behavior Consultant – H2019 HO (HI, U1, HW, HX waiver modifiers) min unit; max units 32 per day

- Master's or Doctorate level licensed professional – Licensed Behavior Analyst (LBA)
  - May include licensed social worker, psychologist or licensed professional counselor if they have training and experience in applied behavior analysis as considered appropriate and satisfactory to their license standards
- Appropriate for complex situations, long standing problem behaviors, significantly challenging behaviors, for specialized behavior problems like PICA, Praeder Willi Syndrome, self-injury, etc.
- Professional should have training and experience or seek supervision to provide behavior analysis for the problem type
- Includes developing a behavior support plan (in collaboration with the ISP team) written by the behavioral services professional for complete inclusion as an addendum or section of the ISP)
- Might be authorized in conjunction with the Behavior Intervention Specialist or Person Centered Strategies Consultation services

Behavior Therapy- THERE is ***NO*** category of Behavior Therapy in any waiver other than the Lopez Waiver and this will be discontinued next year when the Lopez waiver is renewed. Behavior Therapy providers ***must*** meet the requirements of the other behavioral service providers see above.

Behavioral/Medical PCA – ***must*** have behavioral services in place and a Behavior Support Plan implemented by PCAs.

2. Why might an individual need behavioral services?

The following are some situations that can be indicators that behavioral services should be considered:

An intensive level of support (e.g., 1:1 or 2:1 supervision for extensive periods of the day, behavioral group home, behavioral ISL rate) has been in place for behavioral problems for more than 6 months, and seems to continue to be necessary, and no behavioral services have been provided.

- Intensive support has been provided and behavioral services were provided previously but were discontinued for 1 or more years, and the intensive level of support continues to be requested/seem necessary for behavioral problems.
- The individual is experiencing a worsening/escalation of behavior and the ISP strategies do not seem to be helping to reduce the intensity or severity of the problem and have been utilized for at least 3 months.
- The individual has had behavior problems for some time (more than a year) and more intensive or restrictive supports are requested and or required.
- The individual has experienced at least one placement change due to behavioral problems.
- Restrictive support strategies (rights restrictions) have been requested to maintain the individual's or other's safety.
- Restrictive support strategies have been in place for more than a year and are considered to continue to be necessary or requested.
- The individual has been hospitalized in a psychiatric or crisis unit (more than three days in a year) for out of control behavior or behavior that might result in danger to self or others.
- The individual has been prescribed behavior control medications (e.g. Benadryl for calming/sleep, sleep aides, Ativan or Xanax, seizure medications for behavior, mood altering medications or PRNs) or psychotropic medications for overt behavior symptoms (e.g., agitation, aggression, property destruction). ***Note three or more medications for behavior control is considered excessive and need for less intrusive and dangerous interventions for the problem should be strongly considered.***
- The individual has met criteria for the physical altercation threshold report or restraint threshold report one or more time this year.
- The individual has had one or more situations involving law enforcement in the past year.

3. When should a Senior Behavior Consultant be considered instead of a Behavior Intervention Specialist?

- If the individual has had episodes of behavior problems that might be considered significantly challenging:
  - Two or more placement changes for behavioral challenges in past two years
  - Two or more police involvements or hospitalizations in past year
  - Injury to self or others that has required medical treatment beyond first aide in past year
  - Highly restrictive interventions have been required in past year such as physical restraint, locked doors, loss of access to community or typical locations in home or community
  - Property damage in excess of $1000 for a single episode in the past year
  - Highly specialized problems such as PICA, self-injury, Praeder Willi syndrome, eating disorders, unusual sexual behaviors, significant effects of autism

4. What is the typical amount of services required and for how long?

- There is *no typical or recommended* amount of behavior analysis service. Every situation must be evaluated individually, there is no set number of service hours other than the Medicaid waiver limitations for maximum units and total cost plan cap
- The FBA is a discrete service meaning not ongoing, and the senior consultant or behavior intervention specialist behavioral services should be short term, (not considered a forever need), more intensive in the initial months and fading to a limited time of lesser intensity (maintenance period)
- *Some **very general** examples are*: *(these examples should be used as ideas for what might be necessary, **not** used to establish a standard or model)*
  - A very Intensive level of need (due to dangerousness, complexity, autism early intervention program, etc.) might require:
    - Senior Behavior Consultant – 10-12 hours per month for initial 2-3 months, 8-10 hours per month for next 3-5 months, 4-6 hours per month for 2-3 months. Renew services in 8-10 months briefly to update and revise.
    - Behavior Intervention Specialist – for intensive training and modeling of strategies and oversight if strategies are specialized or restrictive, 15-30 hours for 2 months, 10-15 hours per month for 2 – 3 months and 6 hours per month for next 6 -12 months
  - An Intensive level of need for which extended implementation oversight and training not necessary:
    - Senior Behavior Consultant – 10-12 hours per month for initial 2-3 months, 8-10 hours per month for next 3-5 months, 4-6 hours per month for 2-3 months. Renew services in 8-10 months briefly to update and revise.
  - Someone with a moderate level of need or intensity of service:
    - Senior Behavior Consultant – initial month 10 hours to develop and provide consultation and supervision of Behavior Intervention Specialist or team, then 6-8 hours per month for 1 month, then 4 hours per month for 3 months

- Behavior Intervention Specialist- 15 hours first 3 months, 8 hours next 3 months, 4 hours next 6 months
  - Mild level of intensity of service might require:
    - Only Behavior Intervention Specialist or Senior Consultant (if Behavior Intervention Specialist not available) 8 hours first 2 months, 6 hours 2 months and 4 hours for 6 months

5. What is the maximum length of time that behavioral services can be utilized?

- Every situation must be evaluated for each individual; there is no set length time limitation.
- The waiver service definition specifies a *maximum initial* service approval of 9 months or 270 days and a process for review and consideration of need if necessary.
- The need for any service is evaluated and must meet "medical necessity" requirements at that time and throughout the year.
- There is a checklist and process for the 270 Day Extension of service request, specific documentation is required. This information is available from the Utilization Review committee in the region.

6. Are Early Individualized Behavioral Interventions (EIBI) or sometimes referred to as an "ABA program" available for children with autism?

- Yes, the EIBI program for a child with autism could be designed utilizing behavior analysis services (Senior Consultant and Behavior Intervention Specialist) and including personal assistant services for the daily, direct implementation. This would be a very intensive level of service as illustrated in question 4.

7. Can parent training for a child with autism be provided through behavioral services?

- Yes, in fact training for the support staff or families to implement the behavioral strategies is a required part of the Senior Consultant or Behavior Intervention Specialist services. There should be training for families and support persons to learn to implement the specific strategies and interventions designed for the individual as part of behavioral services (Senior Consultant or Behavior Intervention Specialist). Training for support persons (staff and families) should also be a component of Person Centered Strategies Consultation Services.

8. Are Person Centered Strategies Consultation Services by a private provider or the Regional Behavior Resource Team required prior to or in conjunction with behavioral services?

- **NO**, neither private nor BRT Person Centered Consultation Services or Crisis Services are required prior to authorization of behavior analysis services.
- If the Utilization Review Committee or ISP team are unsure of the level of need, it might be appropriate to request that the BRT or if available, Regional Behavior Analyst, briefly review the situation to assist in determining what services and level of intensity of services might be necessary, or if the BRT would be appropriate to assist in the situation.

9. When would Person Centered Strategies Consultation Services be appropriate?

- If there is reason to believe that developing an ISP with more specific strategies of support aimed at improving the daily quality of life, and assistance to insure implementation of these strategies consistently would be advantageous to the person and likely decrease the behavioral challenges
- If the previously described improvement in quality of life strategies and implementation consistency is evident as a need and establishing these would assist in decreasing the duration or intensity of behavioral services
- If the behavioral challenges are of mild intensity, not resulting in injury to self or others or serious property damage or community restrictions and there is reason to believe that there is a need to improve strategies on the ISP to improve the quality of life of the individual

10. When might we prefer to utilize the Behavior Resource Team over a private provider of Person Centered Strategies Consultation Services?

- If a more systemic plan of intervention in developing and utilizing strategies for improved quality of life is necessary (Tiered Supports)
- The person's cost plan is high and BRT services would allow monies to be available for the individual to utilize other types of services
- There is no one doing "true" Person Centered Strategies Consultation that is working to develop improved quality of life strategies for implementation by the ISP team

Behavioral Service Extensions

Below is the document delineating the necessary information to request extension of Behavior Analysis Services (Senior or Behavior Intervention Specialist) **beyond 270 days** of initial behavioral services. This information is required to be submitted to the Utilization Review (UR) Committee for review and determination of the "medical necessity" of continued services.

For the purposes of behavior analysis services: **medical necessity** is interpreted as utilization of best practices of applied behavior analysis to address behavior that is inhibiting community participation, endangering the individual or others or prohibiting acquisition and utilization of necessary life skills such that there is demonstrated effectiveness of the strategies to alleviate the problem situation and prevent the need for more restrictive interventions.

The attached checklist identifies **what the UR Committee members will require** in order to approve requests for extension behavior analysis services. This form has been reviewed and approved by the Division's forms committee and is being utilized in all regions of the state.

Behavior Services are generally used under the following conditions: For individuals demonstrating significant deficits in the areas of behavior, social, and communication skills, for acquiring functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements or to prevent the need for restrictions in rights and privileges typical to members of the community. The goal of behavioral services to assist an individual to learn new behavior directly related to existing challenging behaviors or to learn a functionally equivalent replacement behaviors for identified challenging behaviors. Additional goals would be to increase existing desirable behavior, to reduce existing undesirable behavior, and to emit desired behavior under precise environmental conditions directly related to identified challenging behaviors. As such behavior analysis services are not intended to be ongoing.

This **requirement for review** is established in order to safeguard individuals receiving behavioral supports and ensure that services are effective and follow evidence-based practices. Behavior Analysis service requests generally begin with a Functional Behavioral Assessment (FBA) which guides the follow-up services requested. The initial requests after the FBA can be approved for up to 270 days (9 months) before having to return to the UR Committee for a request for extension, if necessary. At the point in time, (after 270 days) the items outlined in the checklist will be required for further approval. The request for extension materials should be gathered and submitted to the UR committee prior to the 270 day deadline (at 210 days) to provide for contiguity of services if necessity is established. Services can be approved for an additional 90 days (3 months) if the UR Committee deems the continued services to be appropriate. Requests for continuation of services that extend beyond 270 days (9 months) will require approval from a representative at Central Office along with approval from the UR Committee.

It is important to note that such documentation is also required to meet the ethical and best practice standards for services provided by a Licensed Behavior Analyst as defined by the Behavior Analyst Certification Board http://www.bacb.com/ and the state of Missouri for Applied Behavior Analysis Licensure Board at http://pr.mo.gov/ba.asp.

Behavior Analysis Services replace the previous service category of Behavior Therapy and the definition of the service including the purpose, expectations and documentation requirements can be found in the Developmental Disabilities Waiver Manual for the Comprehensive, Community Support, Autism Lopez, and Partnership for Hope Waiver Manual at http://dmh.mo.gov/docs/dd/waivermanual.pdf.

BEHAVIORAL ANALYSIS

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Senior Behavior Consultant	H2019 HO	491611	15 minutes
Behavior Intervention Specialist	H2019	491621	15 minutes
Functional Behavioral Assessment	H0002	491601	1 assessment

GENERAL SERVICE DESCRIPTION:

A. **Senior Behavioral Consultant-**This service consists of design, monitoring, revision and/or brief implementation of 1:1 behavioral interventions described in the individual's behavior support plan**.** This service is designed for situations involving complex behavioral issues such as severe aggression, self-injury, or multiple behavioral challenges have been identified, many interventions have been unsuccessful or the challenges have a long history of occurrence. This service provides advanced expertise and consultation at critical points of service delivery to achieve specific ends in the service delivery process such as assess to complex problem management, problem solve the lack of progress, or regression in the intervention.

B. **Behavioral Intervention Specialist (BIS)-**This service provides for the ongoing management of Behavior Analysis services. In more complex or involved situations, the Behavior Intervention Specialist is responsible for managing the direct implementation of the recommendations and strategies of the Behavior Analysis service, participating in the development of the Behavioral Support Plan (BSP) and documentation as a team participant. At the minimum, the Behavior Intervention Specialist will provide face to face in home training on the BSP to the family or other care givers. They will also provide ongoing management of the BSP by collecting and analyzing data, making needed adjustments to the plan, etc….

C. **Functional Behavioral Assessment(FBA)-**This service is an assessment which provides a comprehensive and individualized strategy to identify the purpose or function of an individual's behavior, develop and implement a plan to modify variables that maintain problem behavior and teach appropriate replacement behaviors using positive interventions. The FBA identifies functional relationships between behavior and the environment. The FBA provides information necessary to develop strategies and recommendations to proactively address challenging behaviors through skill development, prevention of problem situations and contributing reactions or interactions with significant persons in the life of the individual. FBA is a diagnostic assessment.

Any plan requesting Behavioral Analysis Services must address the following questions:	
☐	What specific supports are needed to ensure an individual maintains appropriate behavior?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will these supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	If there is a request for an FBA, has one been completed within the past 2 years?
☐	If BAS is an ongoing service, does the plan offer teaching strategies and outcomes that would enable an individual to increase appropriate behavior?
☐	If there is a request for Senior Behavioral Consultant or Behavioral Intervention Specialist that exceeds 270 days, is an exception attached?
☐	

SW MO Autism Project Services

GENERAL SERVICE DESCRIPTION: Autism Funding provides services to families through Shared -Unit contract agreements in the Southwest Region (Springfield and Joplin Regional Offices). Through the Shared -Unit agreement, families may choose to have services from one or any combination of the providers listed below.

1. Alternative Opportunities
2. Burrell Behavioral Health Care Center
3. Judevine Center for Autism
4. Ozark Center (Joplin Regional Office only)
5. Life Skills/Touchpoint

This funding stream could be appropriate if:

- Services are requested for an individual with an open episode of care AND
- The individual has been found to qualify for DD services due to autism spectrum disorder (299) AND
- The individual is NOT participating in any of the five Medicaid Waivers operated by DD. Identical or very similar services are likely offered in the waiver service menu. This disqualification includes the Autism Waiver.

NOTE: Medicaid eligibility is NOT required for funding from the Autism Project.
NOTE: Because this is not a Medicaid Waiver program, only two documented areas of substantial functional limitations are required.
NOTE: If the individual is Medicaid Waiver Eligible but does not wish to participate in the waiver, the individual may receive Autism Project Services and/or may receive other services found in the community.

Essential steps necessary to access Autism Project funding:

Support Coordinators:

- Ensure individual has an open episode of care with a 299 Clinical Diagnosis
- Meet with the family and develop an ISP that identifies which supports the family is requesting from the Autism Project Funding.
- Develop a measurable, attainable action plan for the ISP and then,
- Will present the ISP to URC with the request for Autism Project Funding.

URC reviews the ISP and ensures that:

- The individual has an open episode of care under a 299 diagnosis
- A measurable outcome/action step is included in the ISP.

- The Budget Summary includes the proper codes for requested services
- The Autism Choices Statement and Referral Form are completed and attached. (A Choices Statement must be completed for each provider from whom the family is requesting services).

If the individual has Medicaid, then the Director or Designee will:

- Help identify which funding stream would be the best for the individual (all available services options must be exhausted before PAC funding can be authorized).
- Determine whether PFH would be appropriate for the individual.
- Ensure that, if the individual is Medicaid Eligible, use of the Medicaid State Plan has been exhausted or denied for the requested services.

Upon approval by the RO Director:

- The business office will proceed with authorizing the services in CIMOR.
- UR Lead will then fax a copy of the Choices Statement and Referral Form to each provider that this listed.

If the individual discontinues services funded through SWMAP OR if the individual transfers to a region where the Autism Project model does not offer similar services, the URC Lead:

- Will notify the SWMAP providers of the individual change and
- Discontinue the Autism Program Code in CIMOR.

NW MO Autism Project Services

UTILIZATION REVIEW ROLES AND RESPONSIBILITIES

The Northwest MO Autism Project has an identified general revenue allocation targeted for individuals with autism spectrum disorder and their families. Funding for services is set at $3,210 per year per individual. Services that may be funded are listed at http://dmh.mo.gov/dd/autism/nwautismproject.htm. Those services are not all inclusive, however. Please refer to *Best Practice Guidelines: Guide to Evidence-based Interventions* if questions arise about the appropriateness of the requested intervention.

Written guidance has been created for Support Coordinators providing concrete steps to use when working with a family whose loved one may be eligible to receive Autism Project services. The following represent information that the URC or UR Lead needs to use in order to assure compliance with protocols.

- SC Roles and Responsibilities (along with other important information) can be accessed at http://dmh.mo.gov/dd/autism/nwautismproject.htm.
- Referrals for NWMAP services will be processed through Utilization Review.
- Eligible applicants and services will be entered into CIMOR's Autism Project Wait List in the Service Category drop down box.
- UR will issue the NWMAP Wait List letter family and copy the Autism Navigator and Support Coordinator.
- When funding is made available, a letter will be issued to the family and a copy sent to the Support Coordinator who will initiate service authorizations.
- In the event a service is not approved, UR will generate the **NWMAP Unapproved Letter**, send it to the family, and copy the Autism Navigator and Support Coordinator.
- Disenrollment from the NW MO Autism Project is guided by policy prescribed by the SC Roles and Responsibilities.
- The Autism Navigator will serve as the technical assistant in matters relating to the NW MO Autism Project.

Respite Care: In-Home

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
In home-daily	S5151	44010F	1 day
In home-hourly-individual	S5150	44010H	15 minutes
In home-hourly-group	S5150 HQ	44010S	15 minutes

GENERAL SERVICE DESCRIPTION: In Home Respite Services are designed to give relief to the primary caregiver in their absence or when they need a break from providing the ongoing care to the individual with a Disability. This service is for individuals who are unable to care for themselves thus requiring support. Respite care is available to the person who normally provides care to an individual other than formal, paid caregivers.

Any plan requesting In-Home Respite must address the following questions:	
☐	What specific supports are needed to give the family a break for care?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided? In-home or in the community?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Is the request for Respite temporary and time limited?
☐	Is Respite being requested in lieu of day services or childcare?

Respite Care: Out-of-Home

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Out of home-daily	H0045	44020F	1 day
Out of home-hourly-individual	S5150 U8	44010H	15 minutes
Out of home-hourly-group	S5150 HQ U8	44010S	15 minutes

GENERAL SERVICE DESCRIPTION: Out-of-Home Respite Care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those persons normally providing the care.

Any plan requesting Out of Home Respite must address the following questions:	
☐	What specific supports are needed?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports in place?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Is the request for Respite temporary and time limited?
☐	Is Respite being requested in lieu of day services or childcare?
☐	Consistent with **60 days per annum** waiver limit?

Group Home

(Residential Habilitation)

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Group Home	T2016 HQ	None	1 day
Group Home-Intensive rate	T2016 HQ		1 day
Group Home-Transition rate	T2016 HQ		1 day

GENERAL SERVICE DESCRIPTION: Group Home services provide care, supervision and skills training in activities of daily living and community integration. This service is provided to groups of individuals who live in a home together. Services include:

- Staff support in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping, community living skills, mobility, health care, socialization, money management, and household responsibilities.
- Transportation (as available)

	Any plan requesting Group Home Services must address the following questions:
☐	What specific daily living and community integration supports are needed?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Does the plan document teaching strategies and outcomes that promote independence in the home and in the community?
☐	
☐	
☐	

Individualized Supported Living

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Supported Living	T2016	None	1 day

GENERAL SERVICE DESCRIPTION: Individualized Supported Living services enable an individual to be fully integrated into their community. Services include individualized supports, delivered in a personalized manner to individuals who live in homes of their choice. ISL's are characterized by creativity, flexibility, responsiveness and diversity. Principles of Supported Living Services include:

- People live and receive needed supports in the household of their choice
- Personal preferences and desires are respected
- Personal autonomy and independence is promoted
- Existing resources and natural supports are maximized from the community at large
- Training focuses on acquiring functional useful skills within the community.
- Services are outcome focused and based on an individual's needs

Any plan requesting Individualized Supported Living Services must address the following questions:	
☐	What specific supports are needed to achieve personal outcomes that enhance an individual's ability to live in and participate in their community?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Does the plan document outcomes and teaching strategies that promote independence?

Temporary Residential

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Temporary Residential	H0045	41010F	1 day

GENERAL SERVICE DESCRIPTION: Temporary Residential is care outside of the home in a licensed, accredited or certified facility for a period of no less than 24 hours to provide planned relief to the customary caregiver. This service is not intended to be permanent placement.

Any plan requesting Temporary Residential Services must address the following questions:	
☐	What specific supports are needed?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?

SELF-DIRECTED SUPPORT SDSC Pre-UR Tool

DATE RECEIVED: _____ SUPPORT COORDINATOR: _____
INDIVIDUAL RECEIVING SERVICES: _____DMH ID #: _____
The ISP identifies that:

_____ the name of the designated representative if one has been appointed

_____ list any support the individual/DR needs in order to self-direct services (Support Broker Assessment can be used as a tool)

_____ the services being self-directed are listed and what support will be provided (Job Descriptions can be used as a tool) *The ISP is used as a training document for employees and must provide enough details in order for all employees to understand what is needed to provide supports*

_____ justifies any training exemptions on the Personal Assistance training checklist

_____ the 'back-up plan' to be used in the event a scheduled employee is not available to provide the services is identified in the plan.

_____ if the employer is hiring a family member (PA is only service that may be provided by family member) the plan must reflect: (Family member is defined as: a parent, step parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild)

- o The individual is not opposed to the family member providing the service
- o The services to be provided are solely for the individual and not household tasks expected to be shared with people who live in a family unit
- o The support team agrees that the family member providing the personal assistant service will best meet the individual's needs
- o The family member cannot be paid over 40 hours per week. Any support provided above this amount would be considered a natural support or unpaid care which a family member would typically provide

_____ the SDS budget calculator is present and correct.

_____ the Authorization Page matches the SDS budget calculator

_____ if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services DSDS service authorization system has been checked to ensure that these services are not being self-directed. if individual is receiving Medicaid State Plan Personal Care Services through Health and Senior Services (DHSS), service authorization system has been checked to ensure that these services are not being self-directed. (Only one Fiscal Agent can be used to report earnings and file employer and employee taxes. The MOCD contract reads: "The Employer/DR must not supplement wages to the Employee outside of this agreement. Records maintained by the F/EA will be the official records of the Employer's wages to workers, which will be reported to State and Federal tax authorities. The Employer/DR understands all earnings and taxes for Employees must be accurately reported to these taxing authorities." If the employer uses an 2nd agent, MOCD is unable to account for the total earnings by employees, accurately track Social Security credits for the employees, do an accurate year end W2 for employees, or reconcile the employer's State Unemployment with the Federal Unemployment. The Employer/DR then becomes liable for any tax judgment including penalties and interest.)

_____SDSC has received copy of the "Got Choice?" SDS handbook acknowledgement form.

3/12/15

Support Broker

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Support Broker, Agency	T2041	58050H	15 minutes
Support Broker, Individual Self Directed	T2041 U2	58050H	15 minutes

GENERAL SERVICE DESCRIPTION: A Support Broker provides information and assistance to the individual or designated representative for the purpose of directing and managing supports. Support Broker services include:

- Practical Skills Training
- Providing information on recruiting and hiring staff
- Management of workers
- Support with communication and problem solving
- Management of the individuals budget
- Assistance with ISP development to ensure the individuals needs are met

Any plan requesting Support Broker Services must address the following questions:	
☐	What specific supports are needed?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?

EAA/Home Modification
Frequently Asked Questions
(written from the perspective of the individual/family)

1: ***Who pays for the evaluation and report from a credentialed (licensed or certified) Occupational Therapist or Physical Therapist?*** Waiver funds can be used to pay for the PT or OT evaluation. There is no rule saying that only waiver funds can be used for this, and sometimes families already have access to a report from an OT or PT recommending environmental modifications. Depending on the level of detail in that report, it is possible that no further report will be needed for this part of the information.

2: ***How do I find an OT or PT who will perform these evaluations****?* Your SC should be able to help you with this.

3: ***What if the PT or OT's report does not recommend the home modification?*** If there is no recommendation from an OT or PT for this modification, it will not be approved for Waiver funding.

4: ***How do I present the report to the UR Committee?*** The Support Coordinator will submit this OT/PT evaluation request through the URC for approval/consideration. The Support Coordinator will include the OT/PT evaluation to the ISP.

5: ***Do we need a doctor's order for these modifications?*** NO While PT's and OT's often need a physician's orders to provide services, they do not need one to assess the individual's need for EAA.

6: ***What do the qualifications of the providers have to be?*** The companies providing the estimate must have a contract with Division that allows them to bill for those services.

7: What if we can only find one qualified company to provide a bid? Who decides which company we will use? If there is only one provider that serves the area, then only one bid would be needed. This would need to be documented that the planning team contacted at least one other EAA provider and determined that that provider and the reason the provider indicated not meeting the request (e.g., is not interested in serving that area of the State).

8: ***What if we prefer the company who gives the higher bid? Do we always have to use the lowest bid?*** URC will review all bids and approve the lowest and/or best price if the price is reasonable based on the purchase experience of the regional office of similar jobs, that the equipment or supplies and does not exceed the annual maximum allowed for the service. The waiver allows the individual or family to appeal a denial of a service but not the provider being used.

9: ***After we pick one company, can the other companies appeal our decision?*** No

10: ***Is there a limit to how much money can be spent on environmental modifications?*** The annual maximum allowed for this service through the waiver is $7500 per year. If an individual's need cannot be met with the limit, an exception may be approved by the Regional Director to exceed the limit if this will result in a decreased need of one of more other services. The limit for the exception is $10,000 per year.

11: ***Can we get reimbursed for a home modification we have already made?*** No waiver funded service is to be provided without prior approval. This means that the waiver cannot be used to reimburse anyone for an environmental modification that already been planned and purchased before the approval of the Division of DD.

12: ***Can environmental adaptations or modifications be made before the individual has moved into the home?*** Yes, as long as there is a certainty that the individual will move into the home at a certain date in the near future. If the individual does not end up moving to the modified home then the provider will not be paid for the modification.

13: ***Can providers use waiver funds to make their facilities more accessible for individuals with disabilities?*** No. These funds are limited to use in the individual's residence.

14: ***Can we use waiver funds to build an addition to our home****?* No, these funds cannot be used to increase the footprint of the home unless absolutely necessary to complete an adaptation.

15: ***Can we use waiver funds to make changes to property we are renting or do we have to own our own home?*** EAA can be approved for any residential setting where the individual lives, regardless of whether it is owned or leased. The waiver cannot be used to fund modifications to service-provider owned or leased settings such as an Independent Supported Living setting or Group Home.

16: ***Is there a rule of thumb to help us understand the difference between home modifications and specialized medical equipment?*** If the item is attached to the home, then it would be considered a home modification (or EAA) and not specialized medical equipment (SME). For example, a grab bar is attached to the home structure, and so would be EAA. A portable shower chair, though, is not attached to the home and would be considered SME.

17: ***Can we use these funds to make repairs to the home, such as fixing a leaky roof or repairing a heating system or worn carpet?*** No. The definition for this service specifically excludes those types of general changes to a home. There are other specific exclusions to the types of modification that can be funded through the waiver. Your SC should be able to help you make sure your plan is appropriate.

18: ***Can Waiver funds be used to remove EAA when the individual leaves that home?*** No, that is specifically excluded.

19: ***Can we choose the style and appearance of the modification to match our home?*** Generally, no. The waiver pays only for "construction grade" materials. You might be able to have choices within the category of "construction grade materials" depending on the situation. You can discuss the choices, if any are available, with the provider. Any cost above the construction grade may be met by the person or family, including any additional cost necessary to meet a home owner association or historic district. Think of it this way: the waiver is available to improve the function of the home, not the appearance of the home.

Alternative Funding Options:

Depending on where you live and the local supports present in your community, there are often other ways to get funding for your need. Church groups, school groups and other community organizations sometimes will provide all or part of the materials and labor for simple projects. The ease of access to those sources and the speed and quality of the work vary, but it might be worthwhile to look at these options.

The Missouri Department of Health and Human Services, through its Division of Senior and Disability Services has an Independent Living Waiver. That waiver can also be used to fund EAA services. A person can only participate in one Medicaid waiver at a time, though, so that person would have to choose between the DD waiver and the Independent Living waiver.

There are 22 Centers for Independent Living (CIL's) in Missouri who can also fund some home modification services. Details can be found at www.mosilic.org

There is also a program called the Home Repair Opportunity Program (HeRO). This program is targeted to families with low incomes, but can fund home repair, accessibility modifications, and maintenance. More information can be found at www.mhdc.com/homes/hero/index.htm

The primary advantage to using these alternative sources is that they often are easier to access, without as many "strings" for qualification, compared to using Medicaid Waiver funding through the Division. Your SC should be able to help you locate these programs, but it might also be good to ask friends and family members if they can recommend options.

Environmental Accessibility Adaptations

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Environmental Accessibility Adaptations	S5165	39271W	1 job

GENERAL SERVICE DESCRIPTION: Any physical adaptation that is identified in the ISP and is needed to ensure the health, welfare and safety of the individual or that are needed to allow greater independence in the community. Adaptations must be directly related to the individual's disability and without these adaptations the individual would require a more restrictive environment. Examples of EAA include:

- Ramps
- Grab-bars
- Modification of bathroom facilities
- Modifications to vehicles
- Widening of doorways
- Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies needed for the welfare of the individual.

Any plan requesting Environmental Accessibility Adaptation must address the following questions:	
☐	What specific adaptations are needed?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports in place to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Has the adaptation been recommended by an Occupational or Physical therapist?
☐	Is the request within the Medicaid Waiver cap for this service? If not, is there an exception in place?
☐	Are two quotes for the service included in the documentation?

Independent Living Skills Development

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Day Service On-Site (Individual)	T2021	52001H	15 minutes
Day Service On-Site (Group)	T2021 HQ	52001S	15 minutes
Day Service Off-Site(Individual)	T2021 SE	52002H	15 minutes
Day Service Off-Site (Group)	T2021 HQ-SE	52002S	15 minutes
Independent Living Skills Development (Group)	S5108	52101H	15 minutes
Independent Living Skills Development (Individual)	S5108 HQ	52100H	15 minutes

**** Note these services are not available in the Autism Waiver**

GENERAL SERVICE DESCRIPTION: Day services include any activity which enables individuals to achieve or maintain their optimal physical, emotional, and intellectual functioning. These services include activities where skills are being taught which may include assistance with acquisition, retention or improvement in self-help, socialization, and adaptive skills as well as greater independence, and personal choice. ILSD Services may include:

Home Skills Development:

Teaching skills needed to operate a home.

- Cooking
- Personal Care
- House cleaning
- Budgeting
- Meal planning

Community Integration:

Teaching skills needed to be part of a community.

- Using public transportation
- Making and keeping medical appointments
- Attending social events
- Any form of recreation
- Volunteering
- Participating in organized worship or spiritual activities

Day Services:

Teaching skills necessary for integration in the home or in the community.

- Advocacy skills
- Socialization
- Life skills/ADLs

Any plan requesting ILSD must address the following questions:	
☐	What specific supports are needed to ensure that the individual is more independent and integrated in their community?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided? (center based, home, or community)
☐	How will the supports be delivered? (group or individual)
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Is the individual eligible for educational services through the local school district?
☐	Does the plan document teaching strategies and outcomes that enable the individual to become more independent and integrated in their community and acquire/maintain skills necessary for daily living?
☐	What skills are being taught to assist in development, acquisition and maintenance of self-sufficiency for the individual?
☐	Is this service being utilized in lieu of employment?
☐	Have State Plan services been accessed to the fullest and does this service overlap with other Division services?

Day Services

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Day Service On-Site (Individual)	T2021	52001H	15 minutes
Day Service On-Site (Group)	T2021 HQ	52001S	15 minutes
Day Service Off-Site(Individual)	T2021 SE	52002H	15 minutes
Day Service Off-Site (Group)	T2021 HQ-SE	52002S	15 minutes

GENERAL SERVICE DESCRIPTION: Day services include any activity which enables individuals to achieve or maintain their optimal physical, emotional, and intellectual functioning. Also includes activities which may include assistance with acquisition, retention or improvement in self-help, socialization, and adaptive skills as well as greater independence, and personal choice. Day Services include:

Activities of Daily Living:

- Personal hygiene and grooming
- Dressing and undressing
- Self-feeding
- Functional transfers (wheelchair, onto or off toilet, etc.)
- Bowel and bladder management
- Ambulation (walking with or without use of assistive device(walker, cane, or crutches) or using a wheelchair)

Instrumental Activities of Daily Living:

- Taking medications as prescribed
- Shopping for groceries or clothing
- Use of telephone or other form of communication
- Using technology
- Transportation within the community
- Safety procedures and emergency responses
- Meal preparation and cleanup
- Health management and maintenance
- Financial/money management
- Community mobility
- Housework

Community Integration:

- Teaching all skills needed to be part of a community.
- Using public transportation
- Making and keeping medical appointments
- Attending social events
- Any form of recreation
- Volunteering
- Participating in organized worship or spiritual activities

	Any plan requesting Day Services must address the following questions:
☐	What specific supports are needed to ensure that the individual is more independent and integrated in their community?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided? (center based or community)
☐	How will the supports be delivered? (group or1 on 1)
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Is the individual eligible for educational services through the local school district?
☐	Does the plan document teaching strategies and outcomes that would enable the individual to become more independent and integrated in their community?
☐	
☐	

Job Preparation

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Job Preparation On-site individual	H2025	57031J	15 minutes
Job Preparation On –site group	H2025 HQ	57031S	15 minutes
Job Preparation Off-site individual	H2025 SE	57032J	15 minutes
Job Preparation Off-site group	H2025 HQ SE	57032S	15 minutes

GENERAL SERVICE DESCRIPTION: Job Preparation services provide training and work experience in the skills necessary to succeed in paid community employment. Job preparation services include:

Volunteerism Following Directions Problem solving
Focusing of assigned tasks Completing tasks Safety
Achieving productivity standards and quality results Attendance and punctuality
Responding appropriately to coworkers and supervisors Appropriate work attire
Accessing transportation or other community resources related to employment

	Any plan requesting Job Preparation must address the following questions:
☐	What specific skills are needed for an individual to obtain a job?
☐	Why are these supports needed? (Plan may reflect this in the Profile or under "current situation")
☐	When are the supports needed? (Plan may reflect this under "action plan or activities")
☐	Where and when will the supports be provided?
☐	How will the supports be delivered? (Plan may reflect this under "action plan or activities")
☐	Are natural supports in place?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Does the plan document teaching strategies specific to the outcomes so services can be faded within 2 years?
☐	Does the plan document that there is a pathway towards individual employment and that the individual can make progress?
☐	

Job Discovery

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Job Discovery On-site Individual	T2019	58050H	15 minutes
Job Discovery Off-site Individual	T2019 SE	H58051H	15 minutes

GENERAL SERVICE DESCRIPTION: Job Discovery services are designed to assist an individual in determining what type of job they would like to pursue. This service should be used when an individual requires support to determine what career path they would like to take.

Job Discovery includes:

- Volunteering
- Job Shadowing
- Job exploration
- Job and task analysis activities
- Interviewing
- Business plan development(for self-employment)
- Resume development

	Any plan requesting Job Discovery Services must address the following questions:
☐	Have employment services been accessed first through Vocational Rehabilitation?
☐	If eligible for Vocational Rehabilitation services, have these services been exhausted? If not, why?
☐	If Vocational Rehabilitation has deemed the individual inappropriate for services is this documented, If not, why?
☐	Has the person chosen a provider that is not a VR provider, if so why?
☐	Does the plan document what other alternative services have been considered?
☐	What specific supports are needed in the area of Job Discovery? (Plan may reflect this in the Profile or under "current situation")
☐	Why are these supports needed? (Plan may reflect this under "current situation")
☐	When are the supports needed? (Plan may reflect this under "action plan or activities")
☐	How will these supports be delivered? (Plan may reflect this under "action plan or activities")
☐	Are natural supports in place?
☐	Does the plan document teaching strategies and outcomes specific to employment goals so services can be faded when appropriate?
☐	Does the plan document what other alternative services have been considered?

Community Employment

"Work.. provides a sense of purpose, shaping who we are and how we fit into our community. Meaningful work has also been associated with positive physical and mental health benefits and is a part of building a healthy lifestyle as a contributing member of society. Because it is so essential to people's economic self-sufficiency, as well as self-esteem and wellbeing, people with disabilities and older adults with chronic conditions who want to work should be provided the opportunity and support to work competitively within the general workforce in their pursuit of health, wealth and happiness." *CMS Informational Bulletin 9/2011*

Service Description:	**Waiver Code:**	**Non-Waiver Code:**	**Unit:**
Community Employment-Individual	H2023	58060H	15 minutes
Community Employment-Group	H2023 HQ	58070S	15 minutes

GENERAL SERVICE DESCRIPTION: Community Employment Services provide ongoing support to an individual who is employed competitively in an integrated working setting. Services can be provided on an individual basis or in a group. Employment Services include:

- Job development
- Job placement
- On the job training
- Ongoing supervision and monitoring the individuals performance
- Training on related skills needed to maintain employment

	Any plan requesting Community Employment must address the following questions:
☐	What specific supports are needed to ensure an individual maintains employment? (Plan may reflect this in the Profile or under "current situation")
☐	Why are these supports needed? (Plan may reflect this under "current situation")
☐	When are the supports needed? (Plan may reflect this under "action plan or activities")
☐	Where will the supports be provided?
☐	How will these supports be delivered? (Plan may reflect this under "action plan or activities")
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Have employment services been accessed first through Vocational Rehabilitation?
☐	If eligible for services through Vocational Rehabilitation services, have these services been exhausted, if not why?
☐	If Vocational Rehabilitation has deemed the individual inappropriate for services is this documented, If not, why?
☐	Has the person chosen a provider that is not a VR provider, if so why?

Dental Services

Service Description:	Waiver Code:	Non-Waiver Code:	Unit:
Dental Services	T2025	None	1 visit

GENERAL SERVICE DESCRIPTION: Dental services may be provided to an individual who is age 21 years or older when there is a basic dental need and it is not related to trauma. Services can include, but is not limited to the following.

- procedures necessary to control bleeding
- relieve pain
- eliminate acute infection;
- Operative procedures that are required to prevent the imminent loss of teeth
- Examinations, oral prophylaxes, and topical fluoride applications.
- pulp therapy for permanent teeth;
- restoration of carious permanent teeth;
- Limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable.

Any plan requesting Dental Services must address the following questions:	
☐	What specific dental supports are needed?
☐	Why are these supports needed?
☐	When are the supports needed?
☐	Where will the supports be provided?
☐	How will the supports be delivered?
☐	Are natural supports available to meet this need?
☐	Does the plan document what other alternative services or supports have been considered?
☐	Is this support available through Medicaid or private insurance?

Wait Lists

Purpose of the Division of DD Wait lists
The Division of DD does not possess the resources to provide all identified services for all individuals within the system. Because of this, the Division has developed the Priority of Need assessment that quantifies the relative urgency of services for each individual. Funding for most Waivers is provided first to those individuals who have been identified as having the most urgent needs and then, as funding becomes available, to those with less urgent needs (as measured by the PON Score). Lists are maintained of those individuals with approved ISP's, ranked according to their PON Score. The exception is the Partnership for Hope Waiver wait list, which does not consider the PON score.

All individuals with approved plans, even those who bypass the UR Committee due to an emergency, will be placed on a wait list until such time as they receive an approval for funding (i.e., a "waiver slot" or approval to use general revenue funds).

There is a wait list for each Medicaid Waiver, and an additional wait list for services that could be funded outside of the Medicaid System. These include:

- Comprehensive Waiver
- Community Support Waiver
- Sara J Lopez Waiver
- Autism Waiver
- Partnership for Hope Waiver
- Non Waiver

To determine the most appropriate Service Type:
Examine the ISP and Budget Summary for documentation of the need for specific requested services.

- **Residential Service:** (for Comprehensive Wait list)
  - If ISL/group home (residential) supports are requested.
- **In Home Service**: (for Community Support Waiver, Lopez Waiver, Partnership for Hope Waiver):
  - The services will be provided in the individual's home, or
  - The services will be provided outside the home in order to help support the individual to remain in his home(services that are not residential)
- **Non Waiver Service (could include Autism Project, POS funding) :**
  - If services requested are for an agency that provides autism supports.
  - If the individual is seeking a service that could only be funded by General Revenue funds through the point-of-service process.

NOTES:
An individual cannot be on more than one wait list.

It is not appropriate to place individuals on a wait list because it is *anticipated* that they will meet the eligibility criteria sometime in the future when they do not meet the criteria at the present.

Wait lists must be monitored to ensure the individuals continue to be eligible. For example, the Sara J Lopez Waiver applies only to those who are under the age of 18 and who would be unable to access Medicaid services without the waiver; therefore, an individual should not be on that wait list after they

turn 18 or if the individual is awarded Medicaid. Please refer to the Waiver Eligibility section for specific information on each Waiver type.

WALKTHROUGH FOR CHECKING AND ADDING INDIVIDUALS TO THE WAIT LIST

General waiver eligibility (documented presence of 3 substantial functional limitations, qualifying Developmental Disability diagnosis, correspondence with LOC requirements) is determined by the Regional Office Director upon recommendation from the Intake/Assessment staff based on information received from the individual and support coordinator.

To check in CIMOR and view whether a specific individual is on a wait list:

*Open **CIMOR**, **> "Production" > "My Org" > "Waiting List DD"**

Within the field: **"Search Waiting List for DD"** , type in the individual's last name, then first name, or fill in the DMH ID, then

> "Show All" > "Search".

The individual's name will appear at the bottom of the box if they are on the wait list for a service.

> "**View**" allows you to see which wait list the individual is currently on, if any. If the individual is not currently on a wait list for any services, their name will not appear.

To add a service to the wait list in CIMOR for a specific individual:

*Open CIMOR,

> "**Production"** > "**My Org**" >" **Waiting list DD**"

Within the box titled: "**Search Waiting List for DD**", type in the individual's last name, then first name, or you can fill in the DMH ID, then:

> "**Show All**" > "**Search**".

The individual's name will appear at the bottom of the box if they are on the wait list for a service as well as a button which says "Add".

Click the **"Add"** button which will bring up a box titled **"Add waiting list for DD**".

Fill in the individual's DMH ID number,

> "**Search**". This will bring up the individual's name,

click "**Select**". The box "**Add waiting list for DD** ' will come up.

Fill in the UR score,

> the drop down box of the "**service type**" and select the appropriate service to populate that box (you have the choice of in-home, residential or autism project based on the type of service you want to request),

> the drop down box for the "**waiver type**" and

> the appropriate waiver(example-if the service is residential, you will choose "comprehensive", if the service is an in-home support, select "community", if for an autism service, such as from TouchPoint, you will select" non-waiver").

Fill out the "**comments**" box with the service being requested, the amount of service requested, and the cost of the service.

Then, > the drop down list for "**service category**" and

Select the appropriate service category to populate that box,

the > the drop down box for "procedure code" and select the appropriate code for the service being requested.

The "date the service is added to the wait list "will automatically populate with the date you are filling out the screens.

> "**add**", then > "**save**".

Appeal Process for UR

The individual or responsible party may appeal the final decision, in writing or verbally, to the regional director within thirty (30) days from the date of the final decision letter.

- If necessary, appropriate staff shall assist the individual or responsible party in making the appeal.

- The regional director or designee may meet with the individual or responsible party and any staff to obtain any newly discovered information relevant to the final decision and to hear any comments or objections related to the final decision.

- Within ten (10) working days after receiving the appeal, the regional director or designee shall notify the individual or responsible party in writing of his/her final decision.

When the final decision results in any individual being denied service(s) based on a determination the individual is not eligible for the service(s) or adversely affects a waiver service for an individual, the individual and/or responsible party may appeal in accordance with the procedures set forth in 9 CSR 45-2.020(3)(C).

- An individual and/or responsible party participating in a Division Medicaid waiver program has appeal rights through both the Department of Mental Health and the Department of Social Services. Those individuals may appeal to Department of Social Services before, during, or after exhausting the Department of Mental Health appeal process. Once the appeal process through Department of Social Services begins, appeal rights through the Department of Mental Health cease. Individuals appealing to the Department of Social Services must do so in writing within ninety (90) days of written notice of the adverse action to request an appeal hearing. Requests for appeal to the Department of Social Services should be sent to: MO HealthNet Division, Participant Services Unit, PO Box 6500, Jefferson City, MO 65102-6500, or call Participant Services Unit at 1 (800) 392-2161.

If an individual and/or responsible party timely files an appeal of a final decision, services currently being provided under an existing service plan will not be suspended, reduced, or terminated pending a hearing decision unless the individual or legal representative requests in writing that services be suspended, reduced, or terminated.

- The individual and/or responsible party may be responsible for repayment of any federal or state funds expended for services while the appeal is pending if the hearing decision upholds the director's decision.

Service Codes

Division of Developmental Disabilities Catalog of Services Matrix

Service Title	Unit of Service	CIMOR Procedure Code	
		Waiver	Non-Waiver
Adaptive Behavior Evaluation (Type A)	15 min		130A0H
Adaptive Behavior Evaluation (Type B)	15 min		130B0H
Adaptive Behavior Evaluation/Assessment	15 min		02200H
Alternative Language Translation	As Pres		80302W
Alternative Language Translation	15 min		80302H
Applied Behavior Analysis (ABA) Consultation	15 min		95004H
Assistive Technology	As Pres	A9999	PENDING
Attendant Services (Type A1:Adult)	Hour		49A001
Attendant Services (Type A2:Youth)	Hour		49A002
Attendant Services (Type B1:Adult)	Hour		49A201
Attendant Services (Type B2:Youth)	Hour		49Y203
Attendant Services (Type C2:Adult)	Hour		49A201
Audiological Evaluation/Assessment	15 min		16000H
Behavior Analysis Services (Senior Behavior Consultant)	15 min	H2019 HO	491611
Behavior Analysis Services (Behavior Intervention Specialist)	15 min	H2019	491621
Behavior Analysis Services (Functional Behavior Assessment)	Each	H0002	491601
Behavior Evaluation (Type A)	15 min		19100H
Behavior Evaluation (Type B)	15 min		19200H
Behavior Therapy and Therapy Consultation	15 min	H0004	33100H
Behavior Therapy: QDDP w/Masters (Type A)	15 min		33A00H
Behavior Therapy: QDDP w/Masters (Type B)	15 min		33B00H
Case Management: Individual Advocacy	15 min		20014H

Addendum

Service Title	Unit of Service	CIMOR Procedure Code	
		Waiver	Non-Waiver
Communication Skills Instruction	15 min	H2014	80210H
Community Employment: (Individual)	15 min	H2023	58060H
Community Employment: (Group)	15 min	H2023 HQ	58070S
Community Specialist	15 min	T1016	52000H
Community Specialist: Self-Directed	15 min	T1016 52	
Community Transition	1 Job	T2038	96005W
Counseling	15 min	H0004 TG	35A00H
Crisis Intervention: Professional	Hour	S9484	210001
Crisis Intervention: Technician	Hour	S9484 HM	210011
Day Services: Off-Site (Group)	15 min	T2021 HQ SE	52002S
Day Services: Off-Site (Individual)	15 min	T2021 SE	52002H
Day Services: On-Site (Group)	15 min	T2021 HQ	52001S
Day Services: On-Site (Individual)	15 min	T2021	52001H
Dental	Visit	T2025	
Developmental/Habilitative Skills Evaluation	15 min		08000H
Emergency Residential Care	Day		41000F
Employer Provided Job Supports	15 min	H0038	PENDING
Environmental Accessibility Adaptation	As Pres	S5165	39271W
Group Home	Day	T2016 HQ	
Health Care/Nursing Evaluation	15 min		06700H
Home Health Care: Parent Training	Hour		392801
Home Health Care: Quality Nursing Care I	15 min		39210H
Home Health Care: Quality Nursing Care II	15 min		39220H

Addendum

Service Title	Unit of Service	CIMOR Procedure Code	
		Waiver	Non-Waiver
Host Home	Day	S5136	41004W
Individualized Supported Living (ISL)	Day	T2016	
In-Home Service (Natural Environment)	15 min		87200H
Interpreting	15 min		80201H
Job Discovery, Individual On-Site	15 min	T2019	58050H
Job Discovery, Individual Off-Site	15 min	T2019 SE	58051H
Job Preparation: Off-Site (Group)	15 min	H2025 HQ SE	57032S
Job Preparation: Off-Site (Individual)	15 min	H2025 SE	57032J
Job Preparation: On-Site (Group)	15 min	H2025 HQ	57031S
Job Preparation: On-Site (Individual)	15 min	H2025	57031J
Medical Evaluation	15 min		06000H
Music Therapy	15 min		51200H
Nutritional Evaluation	15 min		04000H
Occupational Therapy	15 min	97535	55000H
Occupational Therapy Consultation	15 min	97535	55A00H
Occupational Therapy: COTA	15 min	97535	55001H
Occupational Therapy Evaluation (Type A)	15 min		18000H
Occupational Therapy Evaluation (Type B)	15 min		18100H
Outreach Services: Information/Education	15 min		94000H
Outreach Services: Information/Education	As Pres		94000W
Outreach Services: Information/Education	Hour		940001
Outreach Services: Planning/Consultation	15 min		95000H
Outreach Services: Planning/Consultation	As Pres		95000W

Addendum

Service Title	Unit of Service	Waiver	Non-Waiver
Outreach Services: Planning/Consultation	Hour		950001
Parent/Caregiver Training	15 min		94200H
Peer Support Services: Individual/Family Specific	Hour		960051
Peer Support Services: Regional Office/Systems Oriented	Hour		960052
Personal Assistant Services: Group Size 2-3	15 min	T1019 HQ	49001S
Personal Assistant Services: Group Size 4-6	15 min	T1019 UQ	49002S
Personal Assistant Services: Self-Directed	15 min	T1019 U2	49001H
Personal Assistant Services: Agency-Based	15 min	T1019	49003H
Personal Assistant Services: Specialized Medical/Behavioral	15 min	T1019 TG	49002H
Personal Assistant Services: Specialized Med/Beh: Self-Directed	15 min	T1019 TG SE	
Physical Therapy	15 min	97110	56000H
Physical Therapy Consultation	15 min	97110 CN	56A00H
Physical Therapy Assistant	15 min		56001H
Physical Therapy Evaluation (Type A - Individual Oriented)	15 min		17000H
Physical Therapy Evaluation (Type B - Equipment Repair/Home Mod)	15 min		17100H
Positive Behavior Support	15 min	H0004 HK	33200H
Pre-Vocational Training (Type A)	15 min		57010H
Pre-Vocational Training (Type B)	15 min		57020H
Professional Assessment and Monitoring: Registered Nurse	15 min	T1002	49201H
Professional Assessment and Monitoring: LPN	15 min	T1003	49202H
Professional Assessment and Monitoring: Dietician	15 min	S9470	49203H
Psychiatric Evaluation	15 min		11000H
Psychological Evaluation	15 min		12000H

Service Title	Unit of Service	Waiver	Non-Waiver
Recreation: Leisure Time Activity	15 min		51010H
Recreation: Therapeutic Recreation	15 min		51020H
Recreation Therapy (Group)	15 min		51000S
Recreation Therapy (Individual)	15 min		51000H
Recreation Therapy Evaluation	15 min		09000H
Respite Care: In-Home (Day)	Day	S5151	44010F
Respite Care: In-Home Group (1/4 hr)	15 min	S5150 HQ U8	44010S
Respite Care: In-Home Individual (1/4 hr)	15 min	S5150 U8	44010H
Respite Care: Out-of-Home	Day	H0045	44020F
Respite Care: Out-of-Home (Hourly)	As Pres	T1005	
Social Service Evaluation	15 min		05000H
Specialized Medical Equipment & Supplies	As Pres	T2029	39270W
Speech Therapy	15 min	92507	73000H
Speech Therapy Consultation	15 min	92507 CN	73000H
Speech/Language Evaluation	15 min		15000H
Support Broker: Self-Directed	15 min	T2041 U2	
Support Broker: Agency-Based	15 min	T2041	
Supported Residential Development	As Pres		96004W
Temporary Residential, Daily	Day	T2033	41010F
Transportation	Month	890000	890000
Transportation: Ambl Small Group	Month	890010	890010
Transportation: Ambl Large Group	Month	890050	
Transportation: Ambl w/Att Small Group	Month	890020	

Service Title	Unit of Service	CIMOR Procedure Code	
		Waiver	Non-Waiver
Transportation: Ambl w/Att Large Group	Month	890060	
Transportation: Non-Ambl Small Group	Month	890030	
Transportation: Non-Ambl Large Group	Month	890070	
Transportation: ISL Ind	Month	890040	
Transportation: Rolling Mile	Mile		890100
Transportation: Rolling Mile	Mile		890200
Transportation: Fixed Route, A	Month		890270
Transportation: Per Trip, Group	Trip		890300
Transportation: Per Trip, Ambl,	Month		890330
Transportation: Per Trip, Non-Ambl.	Trip		890340
Transportation: Fixed Route, N	Month		890380
Transportation: Per Trip, Individual	Trip		890400
Transportation: Zone, Group	Month		890406
Transportation: Per Trip, Ambl,	Month		890430
Transportation: Per Trip, Non-Ambl.	Month		890440
Transportation: Contractor Travel (Not per consumer)	Mile		891101
Transportation: Contractor Travel (Per consumer)	Mile		891102
Visual Evaluation	15 min		06100H
Vocational Evaluation	15 min		14000H

Worksheet for PON Critical Service Analysis

ITALICS INDICATE SITUATIONS THAT ARE NOT COMPATIBLE WITH A VERIFIED "YES".

Critical Service Situation	**No** ✓	**Yes** ✓
a. Young adult aging out of Lopez or Autism waiver who needs the same level of care to maintain wellbeing. **EITHER DOCUMENTATION OF #1 OR #2 IS SUFFICIENT TO VERIFY AS A YES**		
1. Aging out of the MOCDDS (Lopez) waiver at age 18, but continue to require the services funded by MOCDDS:	☐	☐
2. Aging out of Autism Waiver at age 19, but continue to require the services funded by Autism Waiver.	☐	☐
Is this explicitly documented in ISP? What page and paragraph?		
b. Olmstead issue: **EITHER DOCUMENTATION OF #1 OR #2 IS SUFFICIENT TO VERIFY AS A YES**		
1. Individual resides in a state-operated ICF-ID, who is requesting community placement:	☐	☐
2. Individual resides in Nursing Home setting who is requesting community placement:	☐	☐
3. *Individual resides in Nursing Home setting for the purpose of intensive time limited (less than 6 months) nursing services (CANNOT BE USED TO VERIFY THIS ITEM)*	☐	☐
Is this explicitly documented in ISP? What page and paragraph?		
c. Is the focus of a court order or imminent court order: **EITHER DOCUMENTATION OF #1 OR #2 IS SUFFICIENT TO VERIFY AS A YES**		
1. The adult is required or will imminently be ordered by a court to receive habilitative services:	☐	☐
2. The adult served by the Division is unable to stay in his or her natural home due to court action:	☐	☐
3. *The adult is required or will imminently be ordered by a court to receive for non-habilitative services: (CANNOT BE USED TO VERIFY THIS ITEM)*	☐	☐
4. *The adult is required or will imminently be ordered by a court to be incarcerated: (CANNOT BE USED TO VERIFY THIS ITEM)*	☐	☐
5. *The adult is required or will imminently be ordered by a court to receive mental health treatment: (CANNOT BE USED TO VERIFY THIS ITEM)*	☐	☐
6. *The adult is required or will imminently be the subject of a court order of protection: (CANNOT BE USED TO VERIFY THIS ITEM)*	☐	☐
7. *The adult is required or will imminently be ordered by a court to receive substance abuse treatment: (CANNOT BE USED TO VERIFY THIS ITEM)*	☐	☐
Is this explicitly documented in ISP? What page and paragraph?		

d. The person is under 18 and requires coordinated services through several agencies to avoid court action: **BOTH #1 AND #2 MUST BE DOCUMENTED TO VERIFY AS A YES**		
1. Multiple governmental agencies (more than 2) meet to develop a plan of action and to define the respective responsibilities of each agency:	☐	☐
2. The "court action" that this item attempts to avoid is a Voluntary Placement Agreement:	☐	☐
Is this explicitly documented in ISP?		
e. The person is in the care and custody of DSS Children's Division, which has a formal agreement in place with a division regional office (when formal agreement in ending) **BOTH #1 AND #2 MUST BE DOCUMENTED TO VERIFY AS A YES**		
1. There is a signed Inter Departmental Agreement (IDA) between the Division of Developmental Disabilities and the Children's Division.	☐	☐
2. This individual is under 21, and has not been release by the court from state custody:	☐	☐
Is this explicitly documented in ISP? What page and paragraph?		
f. Requires immediate life-sustaining intervention to prevent an unplanned hospitalization or residential placement: **BOTH #1 AND #2 MUST BE DOCUMENTED TO VERIFY A YES**		
1. No other options are available that would be reasonably expected to provide the appropriate level of services and/or supervision:	☐	☐
2. There is a credible risk of death in the absence of Waiver funded services:	☐	☐
Is this explicitly documented in ISP? What page and paragraph?		
g. Person needs immediate services in order to protect self, another person(s) from immediate harm: **BOTH #1 AND #2 MUST BE DOCUMENTED TO VERIFY A YES**		
1. There has been a pattern (multiple incidents) of significant harm requiring formal medical care to the individual or other persons:	☐	☐
2. There behaviors referenced have been documented to have occurred within the last 3-6 months:	☐	☐
3. There has been a single incident of significant harm requiring formal medical care to the individual or other persons: (CANNOT BE USED TO VERIFY THIS ITEM)	☐	☐
4. There is a suspicion of harm, abuse, or neglect but there is no supporting medical documentation: (CANNOT BE USED TO VERIFY THIS ITEM)	☐	☐
5. These behaviors referenced are documented to have occurred beyond the last 6 months: (CANNOT BE USED TO VERIFY THIS ITEM)	☐	☐
Is this explicitly documented in ISP? What page and paragraph?		

General UR FAQ's

Plans That Must Be Reviewed:
The CSR directs that the URC shall review the following plans:

1. All initial plans/budgets with funds;
2. Amended plans that increase the total plan/budget by adding a new service or increasing the dollar amount of a specific service;
3. Plans at the discretion of the local URC.

Budgets Are Determined By Total Cost of Services & Supports Paid By DMH

- The CSR indicates budgets are determined by the total cost of all services and supports paid through the billing system of the department. Services and supports paid for outside of the department billing system are excluded.

Additional Funds Requests Must Include Total Cost of All Services/Supports, DMH and Other Payors

- The CSR directs Once a budget is approved through the utilization review process, any request for additional funds shall be added to the approved budget (the total cost of all services/supports—including department, SB40 Board Waiver and non-waiver match, and Medicaid Waiver match dollars) to determine the new utilization review level. The additional request may not be considered in isolation of other services/supports the individual and family are receiving.

What If Multiple Family Members Receive Services?

- The CSR requires when multiple family members are receiving division services, the CSR requires this is noted. All of the budgets shall be considered together in the utilization review process in order to have a comprehensive picture of all services/supports going into a single home so the necessary level of services can be determined. This does not require each family member's plan be on the same plan year, but does require all of the current supports in the home be considered.

Medicaid (MO HealthNet) State Plan Is Accessed First

- The CSR states applicable Medicaid State Plan services shall be accessed first when the individual is Medicaid eligible and the services will meet the individual's needs.

Plan Implementation Must Not Be Delayed By Review of a Single Service

- The CSR states that a review of a single service should not delay the implementation of other services in the plan.

When Can Services Start?

- The CSR directs that new services/supports shall not begin before the plan and budget are approved through the URC, except in an emergency situation approved by the Regional Office Director or designee.

What If Proposed Plan & Budget Are Not Approved?

- An appeals process is built into the URC process as noted in the CSR (and shown on the flow chart). This can be utilized if the Individual or responsible party desire.
- The CSR states that the service coordinator shall provide guidance to the individual, family, and the responsible party about any alternative resources potentially available to support needs that are not approved through the URC process.

Waiting Lists

The CSR directs that the URC shall consider a service/support for inclusion on a prioritized waiting list if the service/support meets each of the following criteria:

1. Need for the service/support is documented in the person centered plan as necessary for the individual's health, safety, and/or independence and alternative funding or programs are not available to meet the need; and
2. Need for the service/support is specifically related to the person's disability (i.e., not something that would be needed regardless of the person's disability).
3. Individuals evaluated with needs meeting emergency criteria receive highest priority in receiving funding for services.